

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214503293			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Association of Clinical Research Professionals, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1539404</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 99 CANAL CENTER PLAZA SUITE 200 CITY/ST/ZIP: ALEXANDRIA, VA 22314 </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES D THOMASELL TITLE: EXEC DIR/SEC ADDRESS: 99 CANAL CENTER PLAZA SUITE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES D THOMASELL TITLE: EXEC DIR/SEC ADDRESS: 99 CANAL CENTER PLAZA SUITE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES D THOMASELL TITLE: EXEC DIR/SEC ADDRESS: 99 CANAL CENTER PLAZA SUITE 200 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORBERT CLEMENS TITLE: VICE CHAIRMAN ADDRESS: RICHARD-WAGNER STE 20 CITY/ST/ZIP/CO: Gruenstadt, 67279, DE </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NORBERT CLEMENS TITLE: VICE CHAIRMAN ADDRESS: RICHARD-WAGNER STE 20 CITY/ST/ZIP/CO: Gruenstadt, 67279, DE	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NORBERT CLEMENS TITLE: VICE CHAIRMAN ADDRESS: RICHARD-WAGNER STE 20 CITY/ST/ZIP/CO: Gruenstadt, 67279, DE	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LYNN Van Dermark TITLE: CHAIRMAN ADDRESS: 2828 N HARWOOD ST STE 1200 CITY/ST/ZIP/CO: DALLAS, TX 75201 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LYNN Van Dermark TITLE: CHAIRMAN ADDRESS: 2828 N HARWOOD ST STE 1200 CITY/ST/ZIP/CO: DALLAS, TX 75201	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN Van Dermark TITLE: CHAIRMAN ADDRESS: 2828 N HARWOOD ST STE 1200 CITY/ST/ZIP/CO: DALLAS, TX 75201	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY SHANGOLD TITLE: IMD Past Chair ADDRESS: 14 LAREL MOUNTAIN WAY CITY/ST/ZIP/CO: CALITON, NJ 07830 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY SHANGOLD TITLE: IMD Past Chair ADDRESS: 14 LAREL MOUNTAIN WAY CITY/ST/ZIP/CO: CALITON, NJ 07830	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GARY SHANGOLD TITLE: IMD Past Chair ADDRESS: 14 LAREL MOUNTAIN WAY CITY/ST/ZIP/CO: CALITON, NJ 07830	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Jeff Kingsley TITLE: TREASURER ADDRESS: 5210 Armour Road Suite 300 CITY/ST/ZIP/CO: Columbus, GA 31904 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Jeff Kingsley TITLE: TREASURER ADDRESS: 5210 Armour Road Suite 300 CITY/ST/ZIP/CO: Columbus, GA 31904	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Jeff Kingsley TITLE: TREASURER ADDRESS: 5210 Armour Road Suite 300 CITY/ST/ZIP/CO: Columbus, GA 31904	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Douglas Bryant TITLE: DIRECTOR ADDRESS: 189 Bob White Drive CITY/ST/ZIP/CO: Midland, GA 31820 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Douglas Bryant TITLE: DIRECTOR ADDRESS: 189 Bob White Drive CITY/ST/ZIP/CO: Midland, GA 31820	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Douglas Bryant TITLE: DIRECTOR ADDRESS: 189 Bob White Drive CITY/ST/ZIP/CO: Midland, GA 31820	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	Brent Ibata	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4544 Columbus St		
CITY/ST/ZIP/CO:	Apt 1410 Virginia Beach, VA 23462		
NAME:	Kathryn Kimmel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16420 N Mt. Spokane Park Drive		
CITY/ST/ZIP/CO:	Mead, WA 99021		
NAME:	Dennis LaCroix	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	74 Fairchild Lane		
CITY/ST/ZIP/CO:	Reading, MA 01867		
NAME:	Laurin Mancour	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5004 Autumn Drive		
CITY/ST/ZIP/CO:	Durham, NC 27712		
NAME:	Fernando Martinez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Agustin Querol 6		
CITY/ST/ZIP/CO:	Madrid, 28014, ES		
NAME:	Erika Stevens	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5 Times Square		
CITY/ST/ZIP/CO:	New York, NY 10036		
NAME:	Steven Ziemba	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 N. Wood Avenue		
CITY/ST/ZIP/CO:	Marshfield, WI 54449		
NAME:	Samuel Simha	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1028 Cresthaven Road		
CITY/ST/ZIP/CO:	Suite 101 Memphis, TN 38119		
NAME:	Robert Hardi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5550 Friendship Blvd		
CITY/ST/ZIP/CO:	Suite T-90 Chevy Chase, MD 20815		
NAME:	Christopher Allen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 Woods End Drive		
CITY/ST/ZIP/CO:	Doylestown, PA 18902		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ JAMES D THOMASELL	JAMES D THOMASELL, EXEC	1/10/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIR/SEC PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		